



February 2002

Long Term Care Highlights



North Dakota Department of Health
Division of Health Facilities

Dehydration in the Elderly

By Lucille Torpen, R.N.

Dehydration in nursing home residents is a common and dangerous problem requiring the involvement of the entire interdisciplinary team. The development of symptoms of dehydration can be alarmingly swift and can quickly result in a life-threatening situation.¹

A study published in the August 1994 issue of the American Journal of Public Health found that dehydration was a common cause of hospitalization and death among the elderly. This study indicated that dehydration is one of the 10 most common causes for hospitalization among Medicare patients. In addition, about one-half of the people older than 65 hospitalized with illnesses accompanied by dehydration die within one year of admission.¹

The only way to detect dehydration early is to be aware of predisposing factors in the at-risk resident population. Risk factors for dehydration include:

- Presence of confusion.
- Poor eating (as the poor eater also tends to be a poor drinker of fluids).
- Fever, diarrhea or vomiting.
- Previous episodes of dehydration.
- Diuretic use.
- Fear of urinary incontinence.
- Being bed bound.
- History of chronic aspiration or swallowing problems.²

The best defense against dehydration is prevention. Strategies to manage the at-risk resident include:

- Keeping a list of high-risk residents at strategic locations to remind others to monitor residents' fluid intake. Consider placing a symbol, such as a drop of water, near the resident's bed as a sign for CNAs to encourage fluid intake.

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- Considering the following items from the MDS in identifying residents who are at risk for dehydration: deteriorated cognitive status (section B); deteriorated ADL status (section G); failure to eat (section K); and health conditions such as diarrhea, fever or vomiting (sections H and J). Specific identification of dehydration as a problem is noted in section J.

- Reviewing residents' medications to assess possible impact on fluid and electrolyte levels. Be especially alert to laxatives, which are used by 40 percent to 60 percent of elderly nursing home residents.
- Offering a full glass of fluid with medications. Studies have shown that residents tend to drink the entire amount of fluid offered.
- Having CNAs offer small amounts of fluid every time they provide care to a resident. Older people tolerate frequent administration of fluid in smaller quantities better than infrequent large quantities.

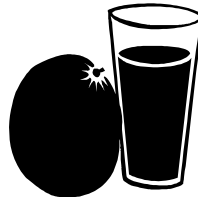
- Instructing staff to use a direct, positive approach when administering fluids. Avoid asking "Do you want something to drink?" Instead, say, "Here is some cool, refreshing water for you, Mrs. Jones." Older people may feel thirsty, but do not recognize their need for fluids.¹

Dehydration is a common and dangerous problem that threatens the lives of many elderly nursing home residents. By taking a proactive approach to preventing dehydration, staff members can make great progress in reducing unnecessary hospitalizations and maximizing

resident health and well-being.¹

References:

- 1 Practical Solutions to Preventing Dehydration; Close-Up: Feb. 7, 1997 Number 198, <http://millennium.fortunecity.com/firemansam/328/cul198dehydration.htm>
- 2 Health Management for Older Adults II – Early Detection & Intervention of Dehydration, www.medinfo.ufl.edu/cme/hmoa2/dehyd/slide8.html



A dehydration checklist is included with this newsletter to be used at your discretion.

Life Safety Code Updates

By Monte Engel, P.E.

Our office recently received clarification on the following two Life Safety Code issues from the Centers for Medicare & Medicaid Services.

SENSITIVITY TESTING

All smoke detectors are required to be tested for sensitivity at scheduled intervals.



The smoke detectors installed at smoke dampers may not be receiving this service. Duct smoke detectors are required to be tested for sensitivity at the same intervals as other detectors. We will be verifying compliance with this requirement through a review of your testing, maintenance and service documentation.

POWER STRIPS The use of extension cords and multiplug adapters is prohibited; however, power strips with operable internal circuit breakers are permitted. They may be utilized throughout the facility as long as they are used appropriately. For example, the cords may not be run through doors or walls, and they must be located so they are not a hazard or subjected to damage.

Lighting Levels

By Myra Gregory, R.N.

Lighting levels in nursing facilities have undergone much debate recently. Although the federal Medicare/Medicaid survey process does not incorporate the measurement of lighting levels in skilled nursing facilities. The electrical requirements referenced in the Licensing Rules for Long Term Care Facilities in North Dakota address specific minimum lighting requirements for most areas within the nursing facility. Surveyors may be triggered to measure the lighting levels of specific areas in the facility based on observations and/or interviews made during the survey.

What levels are appropriate? The following is an excerpt of selected resident and staff areas taken from the 1992–1993 *Guidelines for Construction and Equipment of Hospital and Medical Facilities*. The 1992–1993 guideline is the edition used for adoption into administrative rules. Please refer to the construction guidelines for a complete listing of illumination values.

<u>Area/Activity</u>	<u>Footcandles</u>
Barber/beauty area	50
Dietary	50
Elevators	15
Examination room	50
Linens	
Sorting soiled linen	30
Central (clean) linen supply	30
Linen rooms/closets	10
Lobby	
General	20
Receptionist	30
Administrative spaces	
General office/medical records	50
Conference/interview room	50

<u>Area/Activity</u>	<u>Footcandles</u>
Nursing station	
General	30
Desk	50
Medication area	50
Nourishment center	50
Corridors – day	20
Corridors – night	10
Occupational therapy	
Work area, general	30
Work benches/tables	50
Resident room	
General	15
Reading/bed	30
Toilet	30
Physical therapy	30
Resident lounge	
General	15
Reading	30
Resident dining	30
Speech therapy	30
Stairways	5
Toilet/shower/bath	30
Utility, clean and soiled	30
Waiting area	
General	20
Reading	30

When the lighting levels for a certain area are not specifically addressed in the table, the level required for a similar area should be used. Higher or lower illumination levels may be required depending upon the resident's needs and clinical condition.



The lighting measurements are taken at the point of task or service for the resident areas listed above.

Reference: *Guidelines for Construction and Equipment of Hospitals and Medical Facilities*, 1992–1993 Edition.

Federal Regulation: Tag Number F167(g)(1)

“Examination of Survey Results”

By Mary Lewton, R.N.

A resident has the right to “Examine the results of the most recent survey of the facility conducted by federal or state surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination in a place readily accessible to residents and must post a notice of their availability.”

F167 directs state surveyors to look at the following for compliance with this regulation:

1) “The results of most recent survey of the facility conducted by federal or state surveyors,” meaning the deficiency list and plan of correction the HCFA 2567L, the “A” form (list of those deficiencies scored at a scope and severity of “A”), Life Safety Code, deficiency list, and deficiency lists and plans of correction resulting from any complaint investigations or abbreviated surveys. The facility also should post the deficiency lists and plans of correction for any federal monitoring or federal look behind surveys if conducted in conjunction with the annual standard survey.

2) “In a place readily accessible to residents,” meaning the residents should be able to access the deficiencies and plan of correction of the most recent surveys without having to ask a facility staff member. This “place” should be frequented by most residents. The deficiency list and approved plan of correction, if applicable, must be available in a readable form, such as in a binder, using large print or providing a magnifying glass if needed by the resident.

3) “Must post a notice of their availability,” meaning a posted notice must be in a place where all residents have access. This notice must be large enough for the residents to notice and must give the location where the federal and/or state surveys can be found.



******* RAI Basic Training Notice *******

A Resident Assessment Basic Training class is tentatively scheduled for May 8 & 9, 2002, depending upon the need. Please call Pat Rotenberger or Kaye Hessinger at 701.328.2352 by April 15 if your facility wishes to send staff to this class. The response we receive will dictate whether the May class will be held.



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Nursing Home (name) _____

Signs and Symptoms of Dehydration Checklist

Resident Name _____

Date _____

Sign/Symptom	Yes	No	N/A
1. Dry Skin			
2. Cracked Lips			
3. Thirst			
4. Poor Skin Turgor			
5. Fever			
6. Loss of Appetite			
7. Nausea			
8. Dizziness			
9. Increased Confusion			
10. Laboratory Values within the past month that may Indicate Dehydration*			
11. Decreased Blood Pressure			
12. Increased Pulse			
13. Constipation			
14. Concentrated Urine			

*Increased Blood Urea Nitrogen (BUN); elevated BUN: Creatinine Ratio (in presence of a normal creatinine); elevated Hematocrit; elevated Potassium (K+); elevated Chloride (Cl-); elevated Urine Specific Gravity; and/ or elevated Serum Osmolality; (Sodium can be increased, normal or low, depending on the underlying cause of the dehydration.)

Comments:

Reviewer _____